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LEADING ARTICLES

INDUCTION OF PREMATURE LABOR AND VAGINAL CESAREAN SECTION—INDICATIONS AND CONTRAINDICATIONS.*

R. R. KIME, M. D.

ATLANTA, GA.

THIS is a question of prime importance to the general practitioner, as well as to the surgeon and gynecologist.

I say surgeon because the general surgeon of this day knows no limitations to his field of work, and the gynecologist is forced in self-defense to assume the ego of the general surgeon, so that the gynecologist, the surgeon, and the general practitioner all become obstetricians at least operative obstetricians.

The latest innovation is to class general eclampsia and placenta praevia as surgical diseases.

In deciding for surgical interference the personal equation must enter largely into the question and influence the individual physician as to the course he must pursue for the best interest of his patient. To the expert surgeon vaginal Cesarean section is an operation of minor importance, but to the average general practioner it is a capital operation fraught with grave danger if done by him under the usual environment. Especially is this true in cases of placenta previa central is, the cervix being more vascular and placenta in the site of the incision renders the operation very formidable and bloody and not without serious danger to the patient even in the hands of the operator.

I must dissent from the opinion of the leaders in the discussion on vaginal Cesarean section for puerperal eclampsia as expressed in the obstetrical and gnecological section of the American Medical Association at Chicago in June. While I recognize that puerperal eclampsia in most instances is a serious condition demanding judicious treatment, yet I do not believe vaginal Cesarean section is so often demanded and that it is such a trivial operation that every general practitioner should be trained and urged to resort to the operation so frequently. The demand to deliver at once and if the cervix will not admit of easy dilatation perform vaginal Cesarean section is an extreme radical view and not consistent with the best interest of the patient, especially when the operation is advised to be done by the average general practitioner not accustomed to surgery and in bad environment. While I recognize puerperal eclampsia as a serious condition due to a toxemia in which vital organs are often seriously involved, yet in the vast majority of cases we have other means at our command that will relieve the patient without such a surgical procedure.

We all agree that the first duty of the physician is prevention in these cases. The responsibility does not end with a casual examination of the urine for albumen, but a more careful investigation as to amount of soilds eliminated and repeated microscopical examination of the urine is demanded and imperative.

He who fails to use the microscope in these cases is not doing his duty and will often come to grief, for in some instances it is the first to give evidence of serious trouble developing.

While writing this paper I am watching a case in the eighth month of pregnancy in which the microscope gives the only positive clew to serious trouble developing.

I do not rely alone on the presence of albumen in the urine as a guide in these cases for instituting prophylactic treatment.

Deficient renal elimination and intestinal toxemia often play an important part in the management of such cases.

If a pregnant woman has symptoms of toxemia developing, with deficient renal elim-

*Read at Fifth District Medical Society, July, 1908.

ination, granular, epithelial or hyaline casts and renal epithelium in the urine with or without albumen and with or without convulsions and the condition does not yield to treatment, then the uterus should be emptied, but never without a consulting physician.

The presence of convulsions makes this demand more imperative and immediate if serious kidney impairment accompanies the convulsions. Elimination by skin, kidney, and bowels, relief of arterial tension and emptying uterus by safest method are cardinal points in the treatment of snch cases and when these fail and there is almost complete suppression of urine renal decapsulation is indicated. If a case is at or near full term in labor having convulsions with cervix dilated or dilatable, then the uterus can usually be emptied without difficulty and much delay.

By the intelligent use of cathartics, diuretics, tr. ver. ver. Norwood's, scopolamin or hyoscine and morphine, apomorphine, chloroform, bromides, chloral, etc., nearly every such case can be handled successfully if there is no special maternal or fetal dystocia.

If the cervix is not dilated, especially if patient having convulsions, then give at once Norwood's tr. ver. ver. gtts No. x, hypodermically, (x to xv gtts may be given hypodermically, or even more, the larger doses being guarded with small doses of strychnia): later scopolamin or hyoscine 1-100 gr. with morphine $\frac{1}{8}$ to $\frac{1}{4}$ gr. and a cathartic as soon as patient can swallow. In the meantime prepare patient aseptically or antiseptically, trimming hair off of vulva, disinfect vagina and cervix without traumatism. Through bivalve speculum steady cervix, rupture membranes and pack the lower uterine segment full of sterile gauze, wet in sterile boric acid solution, filling cervical canal and pack around cervix in vaginal vault, throwing in 3j to 3ij of powdered boric acid, below this pack with sterile cotton, dress with vulval pad and T-bandage. Rush salines by mouth, move bowels as soon as possible.

Immediately after packing uterus and vagina throw xx gr. quinine sulph. (adding if needed bromide sodium and chloral) into rectum. Repeat the veratrium hypodermically, as needed later, when patient can swallow, combine it with a diuretic.

The rupture of membranes, packing uterus, quinine in rectum and massage of uterus usually precipitates labor, dilates cervix and patient can be delivered safely in a few hours without vaginal Cesarean section. As examples, I briefly report two cases, called in consultation to see:

Mrs. McK., November., 1907, beginning ninth month of prengancy. Her condition was such advised the induction of premature labor, and it was agreed to send her to Tabernacle Infirmary early next a. m. for the work. At 8 p. m. she had a convulsion, at 9:30 p. m. patient was under the influence of veratrum, membranes ruptured, uterus packed and hyoscine-morphine and cactin tablet given hypodermically. At 12 midnight patient was in labor and delivered at 3 a.m. by Dr. Rice, the physician in charge. Patient had only two convulsions and made good recovery.

Case II.—Mrs. A., age 28, February 28, 1908, in second month of second pregnancy having miscarried in the first pregnancy. Was called over the phone about 6 p.m. Patient having convulsion sent assistant instructing him to give gtts. x of Norwood's tr. ver. ver. at once. Saw her at 7 p. m. not in labor, cervix small, gave hyoscine, morphine and cactin hypodermically and ordered patient sent at once to Tabernacle Infirmary. By 9.30 p. m. patient was prepared, membranes ruptured, uterus packed and quinine thrown in rectum. Labor began by midnight and patient was delivered at 6 a. m. by the interne before my arrival. Patient had only three convulsions, and made a rapid recovery, although she had dimness of vision and severe kidney lesion complicating the condition. The scopolamine or hyoscine was not repeated in either case, the veratrum was used hpyodermically at first, but later combined with diuretic and given by mouth.

The essential points in the treatment of these cases are, relief of arterial tension, elimination by bowels and kidneys, temporary control of the convulsions (being cautious about giving chloroform or opiates too freely), emptying the uterus, the rupturing of membranes being as essential as packing the the uterus, cervix and vagina, while the quinine adds materially in precipitating labor and is of constitutional benefit otherwise.

The membranes are best ruptured by use of sponge holding forceps, uterus packed with strips of sterile gauze three to four inches wide wet in saturated sterile boric acid solution and tied to each other, or a sterile gauze bandage same width, this facilitates removal and none is likely to be left behind to give trouble.

By this method I am confident the average general practitioner will save more lives and with less damage to patient, than by vaginal Cesarean section.

In cities where patient has hospital advantages and an expert surgeon at command surgical measures can be utilized with much less risk to the patient, but even then there should be limitations to vaginal Cesarean

section. The operation should be reserved for:

1st. Such cases as can not be delivered in a few hours by methods as indicated above with kidneys seriously involved and patient profoundly toxic.

2d. In delayed cases that enter hospital late profoundly toxic and cervix not easily dilated.

3d. In primipara with rigid os after above treatment fails.

By rupturing membranes, packing and precipitating labor we imitate nature in relief of patient and leave the pelvic organs in normal condition after the puerperium which cannot always be said of vaginal Cesarean section.

BYRON ROBINSON'S NOTE BOOK.

Medicine is a combination of science, art and rationalism.

Oslerism is a breach presentation. It is a huge joke with ex post facto damage.

Medicine as a Science.—Whenever medicine is cultivated as a science it is always of a high grade—Germany is the land of medical science. Its physicians are well trained and the least sensational of all nations. Expoitation of surgery and drugs is distinctly rational.

Thos. Lynch, Jr., another Declaration signer, presents a rare autograph at present for the collectors. Lynch's autograph recently cut from the little page of a book sold for $340. Lynch perished in the ocean. He set sail for Eustatius and the ship was lost. One letter of Thomas Lynch, Jr., at one time owned by Dr. Thomas Addis Emmet, but now in the Lenox library, would perhaps sell for $10,000.

Medicine as an Art.—Wherever medicine is cultivated as an art it is always of a lower grade—France and America are the lands where medicine is cultivated as an art. Its physicians are sensational. Its surgery and drugs are exploited. In France and America live the pexyites. The pexyites substitute an alleged pathologic condition of a viscus (that of excessive mobility) for another (that of fixation). They study mechanics but not physiology.

Of the Fifty-six Signers of the Declaration of Independence it is almost impossible to secure reliable, legible autographs—yet but 132 years have elapsed. How soon we are forgotten To illustrate this idea of autographic rarity take Button Gwinnette, a signer of the Declaration of Independence, with whom, though prominent in public affairs previous and during the year 1776 we are not quite so familiar as with many others, yet he was president of the Provincial Council during the year 1777. Gwinette's autograph though a mere signature cut from a book or attached to an important deed is worth hundreds of dollars. Recently one-half of an old deed with Button Gwinnette's signature fortunately preserved sold for $610 at an auction and can be resold at advanced figures. Gwinette was killed in a duel.

A Benjamin Rush Letter of 1795.—Dr. Benjamin Rush was a signer of the Declaration of Independence and a distinguished practitioner of his day. Rush Medical College was named after him. Dr. Rush's letter indicates the taste of medicine of his day and also presents the data of professional attitude among medical men at that day—over a century passed. Professional jealousy is evident even among the great minds like Rush. The following is Dr. Rush's letter of 1795: "My class consists of 106 pupils, inclusive of my apprentices. It would have been larger had not Dr. Shippen persuaded several young gentlemen to attend Kuhn in preference to me. To effect this he not only extolled Kuhn's learning and sagacity in strong terms, but spoke with great illiberality of my principles and character in medicine. It is thus he pays me for nearly curing him of a pulmonary consumption by twenty-five bleedings after he had been deserted as incurable by Kuhn." We should think the young man with pulmonary consumption, after twenty-five bleedings, would be almost cured of life! Rush's letter contains one cryptic phrase, e. g., "As pulmonary consumption is the chronic state of pneumony, so madness is nothing but the chronic state of pleurisy." Rush's letter contains a remark doubtless of tradition which has ruined many brilliant minds.

OSTEOPATHS GAIN A POINT.— Justice Dickey at the special term of the Supreme Court, Brooklyn, has recently held that osteopaths having a legal right to practice their art are entitled to all the rights and subject to all the penalties of other physicians; the decision also recognizes the legality of death certificates signed by osteopaths, spite the fact that the Corporation Counsel had previously opposed the application of certain osteopaths to issue death certificates. The counsel will doubtless appeal from the court's decision and the case may be carried to the Court of Appeals.

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OFFICIAL TRANSACTIONS.

A CASE OF MALIGNANT TUMOR OF THE THYROID GLAND.*

H. C. KLOEPPER, PH. G., M. D.

ST. LOUIS.

THE case to be reported is that of an old white woman 71 years old; she entered the hospital on March 21st, 1908.

The following history was obtained: She was born in England, but had been in St. Louis for the last forty years; she is a widow and does housework for a living.

She had an enlargement on the anterior portion of her neck for the past thirty years, which to her knowledge has not become much larger until six weeks ago, when it began to increase in size rapidly. During the last three weeks she has been troubled with a severe cough, but expectorates only a very small amount of muco-purulent material; for the last five or six days she has been unable to sleep, owing to severe dyspnea. She states that she does not have any pain, and has not had any in the past.

As far as could be elicited there was a negative family history, and on inquiry no hereditary tendency to goitre or malignant diseases could be found.

A complete history in regard to habits, previous health, etc., was not obtained because patient was very ill and weak, talking seemed difficult and her voice was very hoarse and feeble.

Physical Examination.—The patient is a well-developed, well-nourished white female 5 feet 5 inches tall, weighs 160 pounds. Hair thick, coarse and of gray color. Eyes gray and show considerable exophthalmos. Pupils equal, slightly dilated, react well to light. The eyelids close only partially. Movements of eyeball not much interfered with. There is perhaps a slight diminution of convergence. Features otherwise regular. Color of lips, face and hands very cyanotic. Skin in other parts of body somewhat pale and sallow.

The entire body is covered with a profuse cold, clammy perspiration. Expression somewhat anxious (perhaps due to dyspnea).

General inspection shows that both legs are somewhat swollen above and about the ankles, they pit on pressure and on palpation were found to be cold to the knees. No deformity anywhere except in anterior portion of neck where a large symmetrical tumor measuring about four inches in the lateral as well as in the supero-inferior diameter can be seen; it is situated in an area corresponding to the location of the thyroid gland and apparently involves the entire gland; it is very hard and nodular, the nodules vary in size, the largest are about the size of a hazelnut; the skin over the tumor is freely movable.

The chest is well developed. Expansion is only fairly good. Respiration accelerated 28 to the minute. Costo-diaphragmatic in type. Both inspiration and expiration seem to be interfered with and the accessory muscles of respiration are active.

Percussion reveals impaired resonance all over the chest, but most marked posteriorly on both sides. On auscultation numerous large moist rales are heard over entire chest obscuring all other sounds, even the heart sounds cannot be heard distinctly. There seems to be considerable mucus in trachea. Vocal and tactile fremitus are somewhat increased.

The cardiac area is not enlarged, the character of the heart sounds cannot be determined because of the noise in chest. Heart rate rapid, 112 per minute; pulse small, feeble and of low tension, some arterio-sclerosis, but not more than what can usually be found at this age; no varicose veins.

Digestive system negative to physical examination.

Genito-urinary system not examined. Laboratory report on urine as follows: Straw colored, cloudy, alkalin, sp. gr. 1020; albumin, sugar and casts negative. Some leucocyte and epithelium were found.

The examination of nervous system showed patient to be conscious and rational, no disturbance of sensation or motility, no abnormal reflexes were found; there was no tremor; temperature 98 deg.

*Read before the meeting of May 7th, 1908.

On these findings a diagnosis of malignant tumor of the thyroid gland was made with a very bad prosgnosis, owing to the patient's critical condition, no treatment except stimulation was attempted, however she died two hours after entering the hospital.

An autopsy was done and a malignant tumor of the thyroid gland with metastases to the lungs, liver and ribs was found. The bronchi were much compressed and in places invaded by the growth. Gross and microscopical specimen were presented and the pathological side of the case discussed by Dr. Baldauf, who made the pathological examination.

DISCUSSION.

Dr. Deutsch.—I appreciated Dr. Kloepper's paper very much and believe each one of these rare cases should always be presented to the society. Malignant growth of the thyroid is one of the rarest formations of tissues that we have. In old statistics, about 9 cases in 10,000 was about the percentage of findings of malignant tumors of the thyroid and they usually grow on the base of old goitres. They differed from most malignant diseases; not being prone to metastasis, and if the metastases, they occur in the region of the tumor; just as in this case in the bronchi. The question of diagnosis in those cases was sometimes difficult to make, and clinically they could perhaps at times never be made. They were occasionally found at the ages of 40 and 50, and some cases are on record where they occurred in young girls of 16 or 17. They resembled the bronchocele and were very difficult to distinguish unless you got the change in the venous structure that surrounded those goitres. They usually involved the entire gland not limited to one lobe, but took in the entire gland. The rarest form was the sarcoma, which had been very rarely found in past statistics. The rarest forms of tumor of the thyroid are little or not at all amenable to surgical treatment; for even when in the young they are practically beyond the knife when seen. It is almost never that they have been known to grow primarily as a malignant growth of the thyroid. We are very fortunate to have this reported to the society and the post-mortem specimen shows a very beautiful involvement of the tissues, and I personally am indebted to the essayist for this report.

Dr. Homan said as the matter of thyroid growths was under discussion, that he had recently sent a patient to a surgeon, a woman upwards of 75 years of age who had enlargement of the thyroid of both sides. The urgent symptoms were suffocation and palpitation. She went to the hospital last Friday, was operated Saturday; was walking Tuesday. He saw her that day; she was bright and comfortable. This showed what surgery can do as compared with only a few years ago. He did not know the character of the tumor, but it was probably not malignant. The tumor reached down under the collar bone and had crowded the carotid artery outward and backward, so that it was felt just under the skin on the left side of the neck. She went home on the ninth day and has since been reported as in excellent condition.

Dr. Louis Rassieur.—I think the case reported by Dr. Kloepper very interesting and regret that the patient did not live longer. I feel it would have been interesting to observe whether she had had neuralgia; whether she had had any sympathetic disturbances, whether she had had any disturbances of the larynx. It would have been interesting also if at the post-mortem the jugular vein had been dissected out to determine if the tumor had grown into the vein and to note whether or not it had grown to the sternocleidomastoid muscle. At the post-mortem it would have been satisfactory to note whether metastases were in the veins, and to observe whether or not the growth had involved the sternocleidomastoid muscle. I remember once having seen a case which showed an enlargement of the thyroid and also had a tumor over the scapula. It was thought to be a lipoma. On microscopical examination it proved to be a thyroid tumor. The patient died from malignant adenoma of the thyroid. I once saw a case of malignant thyroid tumor which afterward came to post-mortem, but it was impossible for me to be present at the post-mortem.

Dr. Deutsch.—Thought that Dr. Kloepper in his paper very clearly mentioned the phonation changes. The case of tumor in the back which was mentioned by Dr. Rassieur was another illustration of what was known as thyroid diseases in which those tumors were not metastases of malignant thyroid; but disease in itself. Histology calls the disease "thyroidism."

Dr. Homan wished to know whether the condition of the parathyroids was ascertained in view of the recent presentation of that subject at a meeting of the St. Louis Medical Society. He thought it ought to have been looked into.

Dr. Leon K. Baldauf.—Dr. Thompson has been very much interested in parathyroids and when I removed the tumor I preserved the specimen for his dissection. The size of the tumor, the involvement of the sur-

rounding tissue and the metastasis to the lymph glands had so distorted relations that search for the glandules was unsuccessful. The mass was however preserved for further dissection. The specimen is of special interest not so much because of its malignancy, but mainly from its peculiar histological structure. After a careful consideration of the possibilities, a diagnosis of malignant adenoma was made. This diagnosis seemed satisfactory, but subsequent and more thorough study might modify the diagnosis somewhat. It is a growth showing atypical epithelial proliferation, within no typical glandular arrangement, and none of the peculiarities of carcinomatous invasion. It resembles very closely the benign adenoma, but anatomically and histologically is definitely malignant. Throughout the entire section cells showing beautiful mitoses are visible, and there is a marked tendency to hemorrhage. Last year I was fortunate to see two sarcomata of the thyroid in the fresh, but the fleshly character of these tumors differed much from the somewhat soft and cystic mass which we have here tonight. A fact which made me very suspicious of sarcoma when I removed the specimen was the metastasis to the ribs, for we know that this is a rather frequent occurrence with tumors of a sarcomatous nature, although not infrequently carcinomata metastasize to bone. This year we received a very valuable specimen from Dr. Elbrecht. At the female hospital, he removed half a thyroid tumor from a female patient. This on histological examination proved to be one of the infrequently described tumors of parathyroid origin. Epithelial tumors of the thyroid are always of special interest, the benign adenomata, the fetal adenomata, the hyperplasias, the exophthalmic goitres, the carcinomata, and to the many classes of tumors, these are among the most difficult to diagnose. Recently I had occasion with Dr. Beilby of the Bender laboratory in Albany, to examine a large number of these thyroid tumors. In many instances we were unable to make satisfactory diagnoses, and we referred the specimens frequently to Dr. Bloodgood, whom, as you know, has made careful studies of diseased thyroids. Among these specimens there were two similar to those referred to by Dr. Deutsch. In our classification we referred to them as tumor due to misplaced thyroid tissue and probably similar, as far as aberrant tissue is concerned, to the hypernephromata. One of these was a large mass involving the jaw and was clinically malignant. Some pathologists have classified these as adenocarcinomata, but they have the same structure as typical thyroid tissue and removal of large masses are said to have given rise to symptoms of myxedema, which disappear on development of further metastases.

Dr. Kloepper.—Did not have anything further to say except in regard to the question as to whether there was any pain present. Patient said she had no pain and never had any while she was in the hospital.

After using cocain solution on the eye, be sure to keep it well irrigated, or protected by bland ointment, or bandaged, to prevent drying and subsequent erosion.

Faculty of the New Louisville Medical School after the Amalgamation.—The committee of physicians appointed for the purpose of arranging the faculty of the new Medical Department of the University of Louisville have named the following heads for the institution: Dr. J. M. Bodine, of the University of Louisville, president; Dr. J. Marvin, of the University of Louisville, vice-president; Dr. T. C. Evans, of the University of Louisville, dean; Dr. P. F. Barbour, of the Louisville and Hospital College of Medicine, secretary. The executive committee of the Medical Department of the University of Louisville will be as follows: Drs. Clint W. Kelly, L. S. McMurtry, W. H. Wathen and H. Horace Grant. The complete faculty of the Medical University will number about 110. The major faculty, numbering about sixty-five, was named and comprises the following: Drs. William Bailey, J. M. Bodine, Thomas C. Evans, William E. Grant, Henry A. Cottell, Leon L. Solomon, Virgil E. Simpson, Henry Goodman, Edward R. Palmer, Joseph B. Marvin, John G. Cecil, Richard B. Gilbert, Samuel E. Woody, William O. Roberts, Thomas L. Butler, J. Garland Sherrill, Argus D. Willmoth, Turner Anderson, Louis Frank, William B. Doherty, Henry E. Tuley, J. Morrison Ray, Adolph O. Pfingst, Isidor Blum, Charles W. Hibbitt, Bernard Asman, Isaac Lederman, Lewis S. McMurtry, Frank C. Wilson, Samuel G. Dabny, John Edwin Hays, H. Horace Grant, Philip F. Barbour, Edward Speidel, George A. Hendon, Walter F. Boggess, Ezra Offutt Witherspoon, William H. Wathen, Martin F. Ccomes, Henry Orendorf, Fouche, W. Samuel, William A. Jenkins, John R. Wathen, George B. Jenkins, Arthur Boyd, Oscar C. Dilly, Ellis S. Allen, Curran Pope, Granville S. Hanes, Gaylard Hall, C. W. Kelly, H. B. Ritter, Wm. Cheatham, Wm. C. Dugan, Harris Kelly, Irvin Abell, B. F. Zimmerman, H. N. Leavell, S. J. Myer, B. J. O'Connor, Ellis Duncan.

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EDITORIAL

The Medical Non-Combatant.

TAKE it all in all you will find that the medical profession is made up of "just ordinary people," their blood flows through the ordinary channels, and is just about as rich and red as that found in the average of mortals; prick one and you couldn't tell from the commotion he would make or from the resultant flow that he had a mission, or that he lived on a higher plane than does any of his fellowmen.

We have in our profession many kinds of men, men who belong in medicine and men who don't; men who understand their mission and men who don't; men who know that they are living and men who don't, in fact there are almost as many kinds of curiosities in the medical profession as in any other, possibly excepting the ministry. The man who realizes the manifold responsibilities which are his because he is a physician and does his level best to meet them all is doubtless the rule, but he is handicapped in his endeavors by the man who prides himself that he is "doing his good little practice" tending to nobody's business but his own, a sort of a "me, my wife and my son John and his wife, them four and no more" existence, which is a purely selfish eixstence. Such men have no time for society activity, many of them even decline to recognize any duty of membership, and others who are members explain the fact by another fact, that they want the journal, and that it costs no more with membership than without. These men tell just that the society is always in some kind of a fight, and that they do not like fighting; they utterly fail to see that the fighters have made American medicine what it is today, and that they are reaping benefits that could not have been theirs but for fighters. In these days no one expects to gain points except by meeting opposition and the fact of fighting does not mean that eternal enmities must of necessity result.

The men who stand back and let others gain their points or suffer the ignominy of their defeats are in the same class with the camp followers who characterize every warfare. We medical men are in a strife where entire agreement is not to be expected; we cannot expect that we will be agreed among ourselves in every detail; things have to be worked out and the process of the working may even entail apparent acrimony, but that does not mean that we will not ultimately reach a common ground and work on a firmer foundation because of past differences. But the man who is in the profession but who will not enter into its spirit and be of it will always be a jelly fish, afraid of his shadow, a nobody. He may accumulate somewhatly of this world's goods and have escaped any telling disgrace, but if he has his sons will be cowards and will reap of what he has sown.

These are days of thinking, of doing things. Every physician owes it first to himself, then to his progeny, to be actively in the fight, to have a voice and be a part in settling what is what in the problems which confront the profession today. To criticize and deplore what you are taking no steps to change is not the work of a man. There are worse things than defeat, one of them is a realization that you have let others do your fighting for you.

The Next Battle of the Experts.

IT appears that we are to shortly have a repetition of the infamous Thaw trial. The daily press has told us of the murder, how one brother emptied his revolver into his victim while the other held the crowd at bay by threatening death to any one who should interfere. We are promised even dirtier revelations in this case than were those of the Thaw trial; we are told that enormous sums of money are at these men's command and that they are bound to escape hanging. We are not experts on insanity, but we are wondering what form of insanity the expert will have discovered which affect two member of a family at a time and with such deadly effect on the third party. We know that there are many experts who would hesitate to say that such a thing as a perfectly sane man exists, but to give such deliberate murderers this excuse for their deed, and turn them loose as cured, after possibly a year's confinement in some asylum, will be little short of a calamity for the state. Whether sane or insane such men are not safe at large, they

are a menace against which the community has a right to expect protection. We are not enthusiasts over the death penalty; we wish that some form of pardonless confinement could be substituted for it, but so long as no such protection is available we trust that those who plan and do deliberate murder will be expeditiously and humanely eliminated.

The point which interests us in this case is that both the prosecution and the defense will present able expert evidence to uphold its theory, and American medicine will again be belittled in the eyes of the world. When will every state recognize the tremendous need of an unbiased expert commission which can make an unprejudiced examination, whose report will entirely replace the tedious examination of experts on the stand, and those findings could give promise of having real weight with judges and juries? We remember no murder trial in which a defense of insanity has been made which does not give abundant evidnce that the present method of privately hired experts is a miserable failure. In no other branch of medicine do physicians of note so absolutely disagree and so tenaciously defend their stand. It is one place in medicine where the man works for the side which hires him, and it is not surprising that there is growing to be a very general opinion that he does so irrespective of the facts. The public is not blind to the fact that it takes a murderer with money at his command to be a victim of insanity; the poor devil who considers himself an agent of providence is "gathered to his fathers" with celerity and certainty, unless he is so palpably insane that it takes no expert to make the diagnosis.

It is to be hoped that the profession will be spared dishonor in the coming trial. It is to be hoped that justice will prevail. It is also to be hoped that the case will do its part toward bringing about a change of metods and that it may help to bring about the much talked of expert commission as a matter of fact.

The International Congress on Tuberculosis.

DURING the height of the presidential campaign this fall, says the editor of the New York State Medical Journal, Washington will be the scene of one of the most important scientific congresses held in America. We have already called attention to this project, and take this occasion to urge the hearty support of the medical profession. Distinguished men from all parts of the world—physicians, hygienists, sociologists and humanitarians—will assemble to discuss the problems of tuberculosis. Missouri and other Western states will send their best men. This gathering will be organized under the name of the International Congress on Tuberculosis. It will hold its sessions in Washington, D. C., September 21 to October 21, 1908.

The directors and council of the National Association include many eminent authorities on tuberculosis. Their plans contemplate something far broader than a convention of scientific men. There will be a tuberculosis exhibition which is planned to surpass anything of the sort ever attempted. This method of educating the public on this subject is employed in many foreign countries, and in this country it has of late become well known through the popular exhibition of the National Association, of the New York Tuberculosis Committee, and of exhibitions of state boards of health. While this exhibition is in progress visitors can learn what is going on the world around in the fight against tuberculosis.

Th International Congress will provide a great collection of interesting things, but the Congress itself will be a great collection of interesting persons. Many of the distinguished authorities on tuberculosis in Great Britain, Germany, France, Sweden, Russia, Japan, Italy and South America will visit the United States at the time, not only for the purpose of discussing tuberculosis in the scientific sessions, but also to make public addresses in Washington and other cities.

The last International Congress on Tuberculosis met in Paris in 1905, at which time the American delegates invited the Congress to hold the next meeting in the United States. Mr. Roosvelt seconded the invitation, through Mr. McCormack, the Ambassador to France, and the invitation was accepted with great demonstrations of enthusiasm.

Interest in this Congress involves not only physicians but it will be hardly less attractive to sociologists, for happily in this country the tuberculosis problem has taken a strong hold on the leaders in organized charity, many of whom have become leaders also in the anti-tuberculosis movement. Invitations have been given to the governors of all the states, requesting them in turn to invite their municipalities and other local agencies, either directly or through some department of state government.

The restriction of tuberculosis is a political problem, quite as much as it is a medical problem, and by extending its organization along official lines, the Congress will prob-

ably secure the largest and most enduring benefits to the country, and at the same time represent the country in the most favorable way to foreign visitors. An undertaking which will bring all the energies now engaged in the world's combat against tuberculosis to a focus in Washington for nearly a month will leave a permanent impression on the whole country. The good to accrue from Congress will undoubtedly be very great, and it should receive every possible support.

THE "CONGRESS" AND "EXHIBITION."

The "Exhibition" will open September 21, and continue three weeks. The "Congress," including lectures and section work, will begin September 28 and continue until October 3. President Roosevelt will preside at the opening session. Each of the seven sections will hold two sessions daily. There will be two general meetings during the week.

PRELIMINARY PROGRAM.

Following are titles of papers for Section I, Dr. William H. Welch, president:

Milton J. Rosenau, Washington, D. C., The Viability of the Tubercle Bacillus.

Victor C. Vaughan, Ann Arbor, Mich., A Study of the Proteids of the Tubercle Bacillus.

John Weinzerl, Seattle, Wash., The Action of Diffuse Light upon Bacillus Tuberculosis.

Dwight M. Lewis, New Haven, Conn., The Morphology of the Tubercle Bacillus.

S. Arloing and Paul Courmont, Lyons, France, Nouvelles Cultures Homogenes des bacilles de la Tuberculose.

J. N. Davalos and J. Cartaya, Havana, Cuba, Comparative Study of the Tubercle Bacillus of Human and of Bovine Origin.

A. Rodet, Montpelier, France, La Virulence du bacille dans ses rapports avec l'evolution clinique de la tuberculose pulmonaire.

A. Parker Hitchens, Glen Olden, Pa., A Chamber in which Dried Tubercle Bacilli may be Handled without Danger.

N. Ph. Tendeloo, Leyden, Holland, Channels of Infection.

Julius Bartel, Vienna, Austria, Uber Eintrittspforten der Tuberkulose.

G. Kuss, Angicourt, France, Sources et voies d'infection de la contagion tuberculeuse.

S. Bernheim, Paris, Les portes d'entree de la tuberculose.

S. Bernheim, Paris, Rapports de l'air avec la contagion tuberculeuse. Sterilization de l'air.

Alfred F. Hess, New York, A Study of the Tuberculous Contamination of New York City Milk.

Jules Courmont and A. Lesieur, Lyons, France, "Inoculation transcutanee de la tuberculose"

Julius Bartel, Vienna, Immunisirungsversuche gegen Tuberkulose.

Jules Courmont and A. Lesieur, Lyons, Contribution a l'immunite dans la tuberculose.

A. B. Marfan, Paris, Immunite de l'homme pour la tuberculose.

Y. Ishigami, Osaka, Japan, Tuberculotoxoidin and Immunization Serum.

Eugene L. Opie, New York, The Part of Enzymes in Tuberculous Lesions.

Aldred S. Warthin, Ann Arbor, Mich., The frequency of healed tuberculosis of the mesenteric glands, with particular reference to the relationship between hyaline deposits in these glands and the healing of tuberculosis lesions.

S. Arloing, Lyons, France, De l'infection tuberculeuse d'apres le criterium anatomopathologique.

John McCrae, Montreal, Canada, Analysis of 1000 consecutive autopsies in Montreal with reference to the incidence of tuberculosis in the different organs.

A. R. Landry, Montreal, Canada, Incidence of chronic pleurisy in 1400 autopsies in Montreal, and its relationship to tuberculosis.

Leon Barnard, Paris, Etude anatomique et pathologique des lesions non-folliculaires de la tuberculose.

R. Tripier, Lyons, De la pneumonie dans le processus de la tuberculose pulmonaire.

J. Paviot, Lyons, Processus anatomique de l'hemorrhagie dans la tuberculose au debut.

Joseph Walsh and C. M. Montgomery, Philadelphia, The kidneys in tuberculosis of the lungs.

D. McCarthy, Philadelphia, Tuberculosis of the spinal meninges, with a consideration of the mode of infection of these structures.

J. T Ullom, Philadelphia, The Liver in Tuberculosis.

Walter Altschul, Prague, Austria, Zur pathologie der Peritoneal-tuberkulose.

Charles Esmonet, Puy de Dom, De la tuberculose experimentale du testicule.

O. Amrein, Arosa, Switzerland, Periostitis et adipositis tuberculosa toxica multiplex.

Paul Courmont, Lyons, Proprietes humorales des exsudants tuberculeux, valeur, pronostique et therapeutique.

Camillo Calleja, Valladolid, Spain.

Alfred C. Crofton, Chicago, An experimental and clinical study of the calcium metbolism in tuberculosis.

LIST OF SPECIAL LECTURES.

In connection with the Congress a series of special lectures will be delivered in Washington and elsewhere by eminent foreigners. The names of the speakers, and the cities which they will lecture follow:

Bernard Bang of Copenhagen, Washington, October 3, Studies in Tuberculosis in Domestic Animals and what we may learn regarding Human Tuberculosis.

A. Calmette of Lille, France, Philadelphia, September 26, Les nouveaux procedes diagnostic prococe de la Tuberculosis.

Emil Coni of Buenos Ayres, Washington, October 2, La Lucha contra Tuberculosis en la Republica Argentina.

Arthur Newsholm of Brighton, Washington, September 29, The cause which have lead to the past decline in the death rate from Tuberculosis and the light thrown by this history on Preventive active for the future.

Gotthold Pannwitz of Berlin, Philadelphia, September 24, Social Life and Tuberculosis.

R. W. Philip, Edinburg, Boston, October 6, The Anti-tuberculosis Programme Co-ordination of Preventive Measures.

C. H. Spronck of Utreecht, Boston, October 7.

Andres Martinez Vargas of Barcelona, New York, October 9, Tuberculosis of the Heart, Blood and Lymph Vessels.

Theodore Williams of London, Philadelphia, September 25, The Evolution of the Treatment of Pulmonary Tuberculosis.

Dr. Maurice Letulle and M. Augustin Rey (joint lecture), Washington, September 30, La Lutte Contra la tuberculose dans les grandes villespar l'Habitation; methodes scientifiques modernes pour sa Construction.

Dr. L. Landouzy of Paris, Baltimore, October 5.

Dr. A. A. Wladimiroff of St. Petersburg, Washington, September 28, Biology of the Bacillius.

Prof. Ph. N. Tendelooof Leiden, Collateral Tuberculosis Inflammation.

THE MOVEMENT FROM MISSOURI.

Preparations are in progress for a special party from Missouri Valley states, to attend the Congress, with a view to special train service, rates, and the pleasure of traveling in congenial company. The "special" will leave St. Louis on Saturday, September 26, via the Big 4 and C. & O. route, arriving in Washington in time for the opening session of the Congress. The plans are in the hands of Dr. Chas. Wood Fassett, Secretary of the Medical Society of the Missouri Valley, St. Joseph, to whom communications should be addressed. Pullman reservations should be made at the "Big 4" passenger office in St. Louis. Round trip rate from St. Louis will be $32.40.

ST. LOUIS ITEMS.

Dr. and Mrs. W. W. Graves spent the summer in New England.

Dr. H. Tuholske and Dr. Ernst Jonas are the guests of the Mayos at Rochester, Minn.

Drs. A. C. F. Brown and L. A. Kleykamp recently returned from a vacation trip which included stops in Buffalo, New York City and the Adirondacks.

Dr. Major Seelig has been spending some time in Cleveland, joining a time of rest with an active interest in the surgical work to be seen in that city.

Dr. R. B. H. Gradwohl recently returned from an extended visit with the Mayos. Dr. Gradwohl's report of the Mayos perpetual clinic is extremely interesting.

Beginning with September Dr. Frank Parsons Norbury will spend two days of each month in St. Louis. He will office at 301 Humboldt Building. Hours 11 to 1 on the first and third Wednesday of each month.

Drs. Marchildon and Thompson who have been some months in Europe are headed homeward. They are at present in Paris, but will shortly sail and will resume work with their classes in St. Louis University at the beginning of the fall session.

COCAINE NOT MAILABLE.—Acting postmaster general has amended section 494 of the postal regulations so that cocaine and its derivatives are in the same lists with intoxicating liquors, poisons and explosives, all of them being unmailable. Of course, it remains to be seen just what is meant by derivatives, but cocaine as an alkaloid and all of its salts are unquestionably excluded from the mails.

A SPA FOR NORTH CHINA.—We learn from the Lancet that in the Tangshun Hills in the Province of Shantung there are a number of hot and sulphurous springs, some of them being at a very high temperature. No definite analysis has yet been made of the waters of these springs, but some of them are known to contain large proportions of sulphur, saltpetre, and iron. It is proposed to erect modern hotels and residences at the place in order to take advantage of the medicinal properties of the waters

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly De partment Staff.

SURGERY.

JOHN MCHALE DEAN, M. D.

My Present Position on Appendix Questions and References to the Dawn of the Fourth or Physiologic Era in Surgery.—In an article in the Jour. A. M A., Vol. LI, Dr. Robert T. Morris treats of his present position on the appendix question. The author divides the different types of appendicitis into three classes: 1, fibroid degeneration; 2, infective, and 3, congestive. Of the fibroid type he claims many are suffering with vague lumbar and abdominal disturbances that are victims of this kind. With regard to the diagnosis of this type he places much stress on the following five points:

1. Hyperesthesia of the right group of lumbar ganglia, when deep pressure is made at a point about one inch and a half to the right of the navel.
2. Constant presence of gas in the cecum and ascending colon to the hepatic flexure.
3. Intractable intestinal dyspepsia.
4. Persistent discomfort, varying in degree, in the appendix region.
5. An appendix which feels harder than the normal appendix on palpation.

With reference to the treatment of this type the author allows the internist to exhaust his skill before advising operation. Should medicinal measures fail then operation is performed. The author claims that under proper diet and medical treatment a certain per cent are cured.

Under the infective class the author includes acute, suppurative, gangrenous and perforating types. He advises operation as soon as the diagnoses is made and only partially inclines to the Ochsner ideas in placing his patient on a starvation diet. His ideas on the treatment of the stump in non-suppurative cases savors of antiquity in the fact that simply ligating the stump, cauterizing with pure carbolic acid and mopping afterward with alcohol, he drops the stump uncovered back into the abdomen. On this point the author differs very materially with other noted surgeons who prefer to cover the stump or bury it in peritoneum. In his method of drainage the author clearly indicates his thorough clinical experience. The large troublesome drainage tube receives no mention, nor does the large packing of gauze, but in their place a small gauze drain is inserted. If we open an abscess deep or superfiial it is a most difficult ask to prevent pus from e scaping. If we insert a large drain the drain itself prevents the pus from getting out. It has been the experience of every surgeon to often find a drain has been pushed out by the escaping pus, and why therefore do we insert such a drain? A wound seldom if ever will close if pus is escaping from it.

The author believes the different postures and positions (often very uncomfortable to the patient) are not at all necessary, but has his patient in the straight recumbent position.

Of the third type, the author finds mostly secondary to malpositions of other organs, such as a movable kidney.

Dr. Morris' paper when read brought a discussions from the most brilliant surgeons of the day. Dr. Ochsner's discussion is worthy of a notice verbatim: "At the present time there is no longer any difference of opinion regarding the treatment of patients suffering from appendicitis belonging to three of the four forms described by Dr. Morris, thanks largely to the splendid work done by Morris, Murphy and many other members of the American Medical Association. The class in regard to which there is still a difference is limited to cases of severe acute appendicitis complicated with peritonitis; cases in which the infection has extended beyond the tissues of the appendix, coming under treatment two days or more after the beginning of the attack.

Eight years ago I published the following conclusions after testing them carefully for a period of eight years. This form of treatment has been used by myself and many others in thousands of cases belonging to this class with the result of reducing the mortality in this most fatal form of appendicitis to less than 2 per cent by changing an extremely dangerous acute into a comparatively safe interval condition:

1. Patients suffering from chronic recurrent appendicitis should be operated on during the interval.
2. Patients suffering from acute appendicitis should be operated on as soon as the diagnosis is made, provided they come under treatment while the infectious material is still confined to the appendix, if a competent surgeon is available.
3. Aside from insuring a low mortality, this will prevent all serious complications.
4. In all cases of acute appendicitis, without regard to the treatment contemplated, the administration of food and cathartics by mouth should be absolutely prohibited and large enemata should never be given.
5. In case of nausea or vomiting, or gas-

eous distention of the abdomen, gastric lavage should be employed.

6. In cases coming under treatment after the infection has extended beyond the tissues of the appendix, especially in the presence of incipient diffuse peritonitis, Conclusions 4 and 5 should always be employed until the patient's condition makes operative interference safe.

7. In case no operation is performed neither nourishment nor cathartics should be given by mouth until the patient has been free from pain and otherwise normal for at least four days. The same practice should be followed after operation.

8. During the beginning of this treatment not even water should be given by mouth, the thirst being quenched by rinsing the mouth with cold water and by the use of small enemata. Later small sips of very hot water frequently repeated may be given, and still later small sips of cold water. There is danger in giving water too freely, and great danger in the use of large enemata.

9. All practitioners of medicine and surgery, as well as the general public, should be impressed with the importance of prohibiting the use of cathartics and food by mouth, as well as the use of large enemata, in cases of acute appendicitis.

10. It should be constantly borne in mind that even the slightest amount of liquid food of any kind given by mouth may give rise to dangerous peristalsis.

11. The most convenient form of rectal feeding consists in the use of one ounce of one of the various concentrated liquid predigested foods in the market, dissolved in three ounces of warm normal salt solution, introduced slowly through a soft catheter, inserted into the rectum a distance of two or three inches.

12. This form of treatment can not supplant the operative treatment of acute appendicitis, but it can and should be used to reduce the mortality by changing the class of cases in which the mortality is greatest into another class in which the mortality is very small after operation. This applies particularly to severe acute perforative or gangrenous appendicitis more than thirty-six or forty-eight hours after the beginning of the acute attack.

To Conclusion 8 we now regularly add the excellent method introducd by Dr. Murphy of administring a continuous enema of normal salt solution with an apparatus which permits the flow of only a drop at a time so that it will require at least one hour to introduce 1,000 c.c.

The plan is simply this: In acute appendicitis neither food nor cathartics of any kind whatsoever should be given by mouth nor large enemata except by the drop method and operation should be performed only when the patient has attained a condition in which the surgeon can reasonably expect a favorable result, judging from his personal observation in previous similar caases.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Epididymitis.—In the New York Medical Journal Julius J. Valentine asserts concerning gonorrheal epididymitis, that no patient treated by irrigations for gonorrhea acquires epididymitis unless the epididymis is involved when he presents himself for the first examination; the development of epididymitis is then exceptional. Galvanism yields brilliant results in the inception of this complication. Pain is promptly arrested, and the swelling soon recedes. As regards local applications, a slight modification of the ointment of Prof. Leopold Casper is recommended. It consists of ichthyol 25 parts, guaiacol five parts, mercurial ointment 10 parts, petrolatum and wool-fat aa ad 50 parts. This ointment is thickly spread upon four layers of gauze cut of a size to completely cover the scrotum containing the inflamed epididymis; over the gauze a layer of cotton is placed; this is enveloped with a sheet of oiled silk and all firmly compressed with a strong suspensory bandage, selected to thoroughly compress the scrotum, and hold it immovable against the ascending pubic rami. Painting the scrotum with silver nitrate, tincture of iodin, guaiacol, etc., have been discarded, and the use of ice applications is condemned. The time honored flaxseed and tobacco poultice is still recommended when the scrotum is extensively involved in the inflammation as shown by intense reddening and such hyperesthesia as to prevent manipulation of any kind. In some cases of hyperacute epididymitis heat is not borne and even increases the suffering. Then the ordinary lead and opium renders excellent service. When inflammation of the epididymis has not extended to the cord, or involves only its lower third, Fricke's strapping is the most effective method of treatment. When tense edema accompanies epididymitis, or when local hyperemia is very great, relief and aid to treatment are readily obtained by numreous slight punctures into the superficial layers of the scrotum.

Calcium Chloride in Hemorrhage.—Methods of checking hemorrhage are always of

great interest to those who do genito-urinary work. The following is of especial interest: Dr. A. Stanley Green (Brit. Med. Jour., May) states that the value of calcium chloride seems to be very much under-estimated in cases of hemorrhage. During the past eight years he has had some very striking results. He claims that the action of the drug is rapid if given in sufficiently large doses, and reports having been called in the middle of the night to see a medical man who was suffering from the hemorrhage after the removal of two lower molars, and who had tried all the remedies he could think of before sending for him. He was ordered to take 20 grains of calcium chloride every hour, and the next morning the patient remarked that the hemorrhage ceased after the third dose. Before doing any intranasal operation Dr. Green always insists upon the patient having full doses of this drug for three days, and since he has made this his rule he has never had any troublesome hemorrhage, nor has he had to plug a nose.

Modern Conceptions of Syphilis.—A. Schalek, Omaha (Jour. A.M. A.) points out how ideas about syphilis have been modified since the discovery of the Spirocheta pallida as its causal organism. Formerly, gummata were considered innocuous, as being due to toxins only, and appearing after the active virus had exhausted itself. Now we know that they may be still infectious, and doubtless are responsible for some obscure cases. The spirochetes are, however, only exceptionally found in these late lesions, and are not to be expected in broken down gummata on account of the destruction of the tissues. The difficulties of the staining methods and the necessary training of the eye to detect them put this method of diagnosis out of the reach of the majority for the present, but it is only in the doubtful cases that it is absolutely needed. The finding of the spirochete is only possible before mercury has been taken; this drug is fatal to the germ, a fact that Metchnikoff has shown to be of value in the prophylaxis of the disease. An occasional examination for the spirochete is useful in the treatment of constitutional syphilis, but the fact of its constant appearance in primary lesions make it unnecessary to wait for the eruption to verify the diagnosis, and renders radical early common-sense method of treatment practicable. Excision of the chancre, followed by cauterization, seems the rational procedure to eliminate the breeding of the disease. This should be followed by energetic mercural treatment to destroy all germs that have already entered the lymphatics. Excision also prevents auto infection. The discovery of the germ and its antidote, mercury, puts the treatment of late syphilis on a scientific basis and shows the uselessness of solely relying on the iodids, which are valuable only in promoting absorption and eliminating toxin. It has also an important bearing on the question of the marriage of syphilitics. Since it is not yet possible to obtain pure cultures of the spirochete, one can only speculate as to the possibilities of opsonic treatment and other modern therapeutics. Interesting experiments are, however, reported with serum diagnosis and serum therapeutics, some of the results rather discouraging. Immunization experiments have also been made with positive results. One important fact shown is that not every case of locomotor ataxia is of syphilitic origin, and our means of deciding as to the specific nature of certain brain tumors are greatly improved. Our ideas on auto infection and reinfection have also been changed. It is now known that there is a period during the existence of a chancre when multiple auto-inoculations occur, and that there is a time limit to the protection conferred by a single attack of syphilis, after which reinfection may occur. Finger's explanation of recurrent syphilitic lesions seems most rational: Immunity begins and develops gradually with the first appearance of the primary lesion. It increases during the secondary stage, but never becomes absolute. After reaching its climax, it again decreases, until a virus which may have remained latent for a time can produce new pathologic changes, or infection from outside sources becomes a possibility.

Renal and Urethral Calculi Simulating or Complicating Appendicitis.—John F. Erdmann, of New York (Medical Record) says that we must carefully eliminate diseases of the genital and urinary organs when we have a case of pain at McBurney's point, since there are several other troubles that involve the abdomen, giving similar symptoms to appendicitis. Differential diagnosis in interval cases that have never experienced an acute attack is aided by radiography and urinary examination. A calculus will cause pain in testicle, penis, or inner side of thigh as well as at McBurney's point. Rigidity of the abdominal muscles is absent. Pain is not increased by coughing or respiration as in appendicitis. Elevation of temperature is absent in renal colic. Previous history of pain in back, groin, penis, or inner side of thigh is important. Cystoscopy, examination of urine, and radiography are all valuable to aid in diagnosis. Operation for calculi is best done by the transperitoneal method. The author cites three cases.

Prevention and Treatment of Cystitis.—Paul Pilcher, Brooklyn (Med. Record), says that the direct cause of cystitis is always bacteria. The other contributory causes include ingestion of irritating drugs, traumata, diseases of the generative organs, etc. Cystitis is often localized and patchy rather than involving the whole bladder. The most frequent site for development of cystitis is the trigonum and base of the bladder. Diagnosis involves a complete history of the illness, careful examination of patient and the urine, and cystoscopic examination of the bladder. Preventive treatment depends on preventing trauma, lessening the number of catheterizations, and precautions in asepsis in the use of instruments. In all cases the underlying cause must be removed if the treatment is to be successful. In acute cases heat, sedatives, and dilution of the urine are indicated. In the chronic form irrigations with warm, sterile water and applications of silver solutions give the best results.

Enuresis Following Prostatectomy.—G. MacGowan, Los Angeles, Cal. (Jour. A. M. A.), says that the claim made by some that after operations for prostatic trouble the patients are always able to control their bladders, is unwarranted, as his observation of their work has demonstrated. The difficulties of the operation have been too much minimized and its benefits so exaggerated that many who have only a very uncertain knowledge of the genito-urinary organs have been emboldened to attempt work which they never finish, and the need of which is often problematical. For the purpose of calling attention to one of the not infrequent and inconvenient after-results of prostatic operations, the prolonged leakage, he reports and analyzes the eleven cases in his paper. When this leakage thus occurs the cause may be sought for and found in one of the following conditions: 1. The effect of very large prostates in separating the fibers of the detrusor urinae so as to enfeeble or destroy its contractile power, at the same time so stretching its fibers of insertion into the prostatic capsule and the sphincter that the vesical outlet is made to gape and the prostatic urethra and the bladder become practically continuous. Add to this the element of chronic inflammation and fatty degeneration always present, and we have the ideal conditions to favor leakage. Cases 1, 2, 3 and 4 of those reported in his paper were of this type. 2. Leakage following the attempted removal of very large, markedly fibroid prostates which prove inoperable. Nos. 5 and 6 of his cases were of this type, and, so far as he knows, are unique. 3. Leakage following the removal of small hard prostates with connective tissue elements predominating over the glandular elements and accompanied by a high grade of contracture of the bladder and diminished bladder capacity. Two of his cases were of this type, and both, as it happened, complicated by postoperative perineal fistula. He is convinced that the only conservative way of dealing with such obstructions is completely to sever the ring of fibrous tissue and the prostate in the median line from the bladder to the membranous urethra with a sharp, blunt-pointed knife of the Blizzard type, and then remove both halves by excochleation or rougeurs; or, if this can not be done, by dissection with forceps and scissors. This establishes free drainage, causes pain and uremic symptoms to disappear, and sooner or later bladder control is regained. These are typical cases for the Bottini operation and he is more inclined to favor it than was formerly the case, provided it is done by an expert. 4. Leakage after prostatectomy caused by the failure of the operator to perceive and remove small nodules situated on the vault or the side of the vesical opening of the urethra, and which interfere with the proper closure of the bladder. MacGowan has had four such cases, three of which are reported. The lessons derived from his experiences are: 1. After removal of very large growths, bladder control sometimes returns slowly and may never be complete. The condition generally improves with time and is apt to be best at night. There is no surgical remedy if the operation has been complete. He would advise, however, if the leakage has lasted six months, that careful rectal, urethroscopic and cystoscopic examinations be made and if any intraurethral or intravesical nodules are found, that they be removed. 2. There are some dense, non-malignant prostates that can not be removed, and they should be let alone until the comfortable use of the catheter is impossible. Through these a permanent furrow must be made, preferably by the cautery apparatus of the Chetwood. 3. When enuresis follows the imperfect removal of a small hard prostate, the only remedy is the hemisection of the fibrous ring and the prostate on its floor, and removal of the prostate, together with the non-resilient scar tissue. 4. If enuresis follows a prostatectomy, usually perineal, and the prostate has been of only moderate size, not belonging to one of the three preceding classes, and careful rectal examination fails to reveal an intracapsular growth of palpable size overlooked at the time of operation, a careful examination of the posterior urethra and bladder with suitable instruments has sometimes revealed the pres-

ence of small tumors of glandular tissue hanging or pressing into the vesical outlet, preventing its closure and the removal of such tumors by high section has resulted in a cure of the condition.

Prostatectomy.—H. H. Young, Baltimore (Jour. A. M. A.), reviews the statistics of the mortality of prostatectomy during the last five or six years, quoting particularly from Freyer, whose experience with the operation has been greater than that of any other surgeon and whose results have been the best yet obtained in any extensive series of suprapubic prostatectomies. They admirably illustrate the progress that has been made in the technic and success of this operation. Young's own experience of over 300 cases of perineal prostatectomy shows a regularly decreasing mortality till in the last 130 cases there has not been a single fatality. In figuring his mortality he has included every death that occurred in the hospital, and no patient was allowed to leave who was not in good condition. It was his practice to operate in practically every case regardless of the gravity of the complications, renal or otherwise, if the patient did not improve on preliminary treatment, catheter drainage, etc. Young believes that the lessened mortality has been due to the simplification of technic and the postoperative treatment. In nearly all cases the operation was performed early, and he has come to the conclusion that preliminary treatment is rarely helpful. Renal infection is best treated by good vesical drainage (plus internal remedies), and this is best furnished after removal of the prostate through the perineum. Even when there is large distension with residual urine, immediate operation works well without protracted preliminary catheterization. In such cases renal suppression should be guarded against by the administration of plenty of water by the mouth before operation and by infusion and enemata afterward if needed. His results have been excellent as regards bladder control; and he thinks that failure in this is due to the operator and not to the operation, and agrees with Freyer that incurable atony of the bladder muscle is practically never encountered. Likewise, as regards retention of sexual power, his results have also been good. The ejaculatory ducts, the vesical sphincter and the external sphincter can be preserved intact in almost every case. The improvement in the mortality rate is attributed by him not only to the simplification of the technic, the use of instruments suited to the diameters of this region, and the careful determination of the exact conditions by prior cystosopic examination, but also by the simplification of the postoperative treatment. During the last two years it has been the rule to remove the guaze packs on the morning after the operation and the tube drains in the afternoon, and on the next day the patient has usually been placed in a wheeled chair and carried out of doors. This has been the rule, even with rather sick patients, with marked benefit. Almost all patients are encouraged to walk within a few days. Prostatectomy, Young says, is no longer an operation of last resort. The fact that it can be performed with practically no danger, and with perfect functional results, should lead to its earlier adoption, not only in cases of hypertrophy, but also those of severe chronic inflammation and cancer of the prostate. For these last-named conditions he believes the perineal route is best adapted. With early diagnosis he thinks that many radical cures of cancer can be obtained, and if practitioners would more generally examine the prostate, specially in every case in which the complaint is below the diaphgram, many early diagnosis would be made.

Clean Milk Exhibit at the International Congress on Tuberculosis.—Preparations are being made by the New York State Committee of the International Congress on Tuberculosis to include a Clean Milk Exhibit during the three weeks of the Tuberculosis Exhibition at Washington, from September 21 to October 12, 1908. The cooperation of a number of public-spirited dairy owners, including Mr. W. W. Law, Jr., Hon. Seth Low, and Mr. Everit Macy, has been obtained, as also of Commissioner Pearson, Commissioner of Agriculture, Professor Moore, Pathologist State Veterinary College, and Professor W. A. Stocking, Jr., Bacteriologist Cornell University. It will include not only photographs of dairies, statistical charts and Petri plates of bacteriology of milk and illustrations of tuberculin tests for cattle, but will also have a small working dairy with tuberculin tested cow, skilled attendant, sanitary utensil, shipping cases and all sanitary appliances for the marketing of a Clean Milk. There will be printed on cardboard a series of aphorisms regarding Clean Milk. There will be represented graphically the food value of milk as compared with other foods prepared by the State Department of Agriculture. Charts illustrating the general sources of infection of milk with tuberculosis, are being prepared under the supervision of Mr. Law, Jr.

SURGICAL SUGGESTIONS

(American Journal of Surgery.)

Pain in the ear, increase on traction on the auricle, with slight diminution, if any, of hearing, suggests a furuncle in the meatus. Introduce the speculum with great care. The probe will often reveal a point of marked tenderness.

Don't incise a furuncle of the auditory canal. Tampon the canal with a wick of cotton or gauze saturated with liquor Burowii (acetate of aluminum), resorcin-alcohol, or balsam of Peru, and wait until pain has disappeared. Hot applications may be needed. A furuncle pointing and threatening to burst may be opened with a superficial cut. Avoid wiping the pus along the canal, the result is almost inevitably a fresh crop of furuncles.

If one suspects acute cholecystitis and on opening the abdomen does not find the gall-bladder enough diseased to warrant further procedure, it is best to anchor the tip of the organ by suturing it to the abdominal wall. If further symptoms are manifested, the gall-bladder can then be opened without anesthesia and a catheter inserted for drainage.

A persistent sinus after an operation for appendicitis in the majority of cases means that a portion of the appendix has been left behind. It may also mean that an exudate has not broken down or that some foreign body has been left in the wound. One should give the sinus an opportunity to close by itself, but if it does not do so, a prolonged operation is necessary. The walls of the sinus must be carefully excised, all rents in the serosa of the intestine sewed over and drainage instituted, as there is often considerable oozing from raw surfaces. First and foremost, the primary cause of the sinus must be found and corrected.

Gibbs Memorial Prize.—The New York Academy of Medicine announces that the sum of $1,000 will be awarded to the best essay in competition on "The Etiology, Pathology and Treatment of the Diseases of the Kidney." Essays must be presented on or before October 1, 1909. New discovery or fruitful research will be considered the standard of merit, and essays must show originality in order to obtain the prize. The competition is open to regular practitioners in the United States. Essays should be transmitted to the committee of the New York Academy of Medicine on the Edward N. Gibbs Memorial Prize, 17-21 West Forty-third Street, New York.

MEDICAL MELANGE.

Medical Inspection of Schools in Buffalo.—The medical inspection of public and parochial schools in Buffalo will begin when the schools open on September 8th. Five doctors and one nurse have been appointed to conduct the inspection, namely: Drs. Shafer, Barrows, Wheeler, Callanan McClure, and Miss O'Hara.

Infant Mortality in Chicago.—Six hundred and sixty-nine babies died during the month of July in Chicago. Probably two-thirds of these deaths could have been avoided, and most of them may be attributed to ignorance and neglect of the parents. The Department of Health is now directing the work of seventy-five physicians in the crowded districts of the city, educating mothers in the proper care of their children.

Spirited Repartee.—In making a sharp turn, the rear end of a street-car struck an express-wagon laden with jugs of whiskey. Nearly all the jugs were precipitated to the pavement, with the natural disastrous result. The driver of the wagon alighted, and, pointing at the pile of demolished earthenware, said to a bystander, "That's hell, ain't it?" The spectator, who happened to be a minister, replied, "Well, my friend, I don't know that I would say that, but it's at least the abode of departed spirits."—Lippincott's.

Dr. C. A. Ewald, of Berlin, editor of the Berliner klinische Wochenschrift and a well-known writer on diseases of the digestive tract, has been made an "ordentlicher Honorarprofessor" at the University of Berlin. Dr. Ewald was born in 1845, in Berlin, and entered upon the practice of medicine in 1874. He was at first "Privatdozent," and later, in 1882, was made extraordinary professor at the University of Berlin. He was attending physician at the Berlin City Gynecological Hospital from 1876 to 1886, and since that time has been on the attending staff of the Kaiserin Augusta Hospital.

Yellow Fever in Cuba.—Under date of July 13 the yellow-fever experts detailed by the superior board of health to investigate sanitary conditions in Daiquiri, Santiago, province, states that yellow fever has been present in this district since April last. He had made positive diagnosis in 4 cases, and obtained notes on 10 other patients who had recovered. Since July 8, 4 cases have been reported, leaving 7 under treatment at the close of the week. The town has been quarantined and a detention camp has been opened near Santiago. Two new cases of yellow fever were reported at Daiquiri, July 18.

ITALIAN HOSPITAL FOR NEW YORK.—A new hospital for the care of Italians is planned for New York City. The building is to be located at Washington Square, South, and will cost a half million dollars. Much of the money has already been raised by voluntary contributions. The Italian govern ment donated sixty thousand dollars, while King Victor Emanuel contributed one thousand lire from his own private purse. There are said to be more than two hundred thousand Italians in New York City, and of these seventy-five per cent do not speak English. During 1907 more than six thousand received treatment at the Huston Street Hospital and Dispensary.

COAL-GAS POISONING.—The Critic and Guide calls attention to a remedy in coal-gas asphyxia that has proved very efficient but with which perhaps not many are familar. The remedy consists in the administration of hydrogen dioxid by rectum and by mouth. Per rectum it is given in full strength; per os it is diluted with an equal volume of water. The dose of the dioxid by rectum is about two ounces; by mouth about one ounce; and it may be frequently repeated. The usefulness of the treatment depends upon the absorption of oxygen from the hydrogen peroxid into the blood-current. A piece of ice inserted into the rectum is a great adjuvant, as it has quite a remarkable effect in restoring consciousness.

POST-GRADUATING IN EUROPE.—There are more American doctors "post-graduating" on the Cook's tours plan in Europe this year than in any previous summer season. The customary plan of study is to include a "course" at Vienna, Berlin, Paris, Heidelberg, London, Edinburg and at a few other centers of thought of learning; to make a score or more side sight-seeing trips and to do the whole trick in a period of from six weeks to three months. It's bully to "post-graduate" in this way and its even bullier to tell the patients about it when you come back. There are some simple laymen who are very much impressed by having you preface a sage remark with, "when I was studying in Vienna" How do they know that the only thing you had time to study there was a collection of time-tables? But unsatisfactory as these sixty-day study trips are, they serve a splendid purpose as vacations and the doctor does not have half enough vacation time. —Chicago Clinic.

DISEASE AMONG THE ABORIGINES OF ALASKA.—Reports come from Alaska through a special charge to the grand jury sitting at Juneau that tuberculosis, trachoma, and other diseases are spreading to such an extent among the Indians that their very existence is threatened. From the data furnished it would appear that within a few decades, if the mortality of the race continues as in the recent past, there will be no longer any native inhabitants to perform the needed labor which the progress and development of the country demand. The statistics taken from a typical settlement of the natives, show a greater mortality than that of any other primitive race which has come in contact with Anglo-Saxon civilization. An appended report by Army Surgeon Paul Churchill Hutton states that he doubts if any country in the world can show such a percentage of tuberculous natives, and the mortality from his disease is really terrible. He proposes that Alaska be divided into sanitary districts and that sixteen sanitary officers be appointed. He also suggests that an intelligent Indian inspector be appointed for each town having 200 or more inhabitants, and that each Indian inspector study under the regular inspector and disseminate his knowledge among his own people.—Charities.

SALOON DRUG STORES.— Saloon drug stores are a natural consequence of a prohibition movement. The experience of the past emphasizs this fact, and the present prohibitory movement which is sweeping over the country causes pharmacists of the United States to shudder when they think of the number of saloon drug stores which will, like camp followers, spring up in the wake. The pharmaceutical press has almost as a unit commented on this condition. As the season for state association conventions passes we find presidents giving attention to the subject in their annual addresses. Perhaps the most emphatic expression comes from Kansas where the president speaks in no uncertain terms, and points out that joint drug stores must be short-lived when both public opinion and pharmaceutical sentiment unite in an effort to suppress this class of stores. In presenting the subject, the president said, "These ideas are not advanced as representing the personal views of any one, but are deductions arrived at by cold analysis of conditions as they present themselves. —Meyer Bros. Druggist.

Is the Ocular Reaction to Tuberculin Dangerous for the Eye?—De Lapersonne (Presse medicale, Paris, Dec. 7th, 1907) has collected a list of six cases where ulcero-vascular keratitis resulted from the tuberculin test applied to the eye. In two other cases there were intraocular complications of a serious nature.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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FAVORITE PRESCRIPTIONS

WHOOPING-COUGH.—

Euquininae.....gr. xl
Syrup tolutan.....℥iv

Sig. Half a teaspoonful three to four times times a day for child one year old; teaspoonful for child two years old; one and a half teaspoonfuls for three-year-old, and so on.

Euquininae.....
Hemogalloli .....
Saach. albus.....aa gr. xxx
Ol. menth. piper.....gtt. j

M. et in chart. No. xxx. div.

Sig.: One dose increased to 3, four times daily, for children from four to six years old.

SUMMER DIARRHEA OF CHILDREN.—

Tannalbini.....grn. 5—7½
Fiat pulv.; mitte pulv. tales x—xx.

Sig.: Four powders to be taken during the first two hours, then four powders a day in boiled oatmeal or rice.

Tannalbini.....grn. 5—7½
Calomel .....grn. 1/12
Fiat pulv.; mitte pulv. tales x.

Sig.: Three or four powders a day to be taken in boiled oatmeal or rice.—Prof. Heubner.

VAGINITIS.—The following mixture is recommended in the treatment of vaginitis:

Pulv. aluminis.....
Zinci sulphitis.....
Sodii biboratis.....
Acid. carbolici.....aa ℥j
Aqnae.....℥vi

M. Sig.: A teaspoonful to a quart of lukewarm water as a vaginal douche, twice daily. —Medical Review of Reviews.

PROTARGOL OINTMENT AND SCAR FORMATION.—Miller recommends the following ointment to burns as productive of a better cicatrix than would otherwise be obtained:

℞ Protargol .....grm. 3.0
Dissolved in aq.dest.frig...grm. 5.0
To be mixed with lanol. anhydr.....grm. 12.0
Petrol. flav.....grm. 10.0

M. Ft. ungt.—Le Semaine Med.

BRYON ROBINSON has clearly shown in his recent work, "The Abdominal and Pelvic Brain", the intimate connection between the rectum, sexual organs, and all the viscera, and also the brain. Also that these lower openings of the body are richly endowed by a fine network of sympathetic nerves, and that disastrous reflexes may be rung up in distant organs and their harmonious rhythm disturbed. Following these reflexes, in the course of time, we will have malnutrition, anemia and neurosis, and finally psychopathy. A large number of nervous, hysterical and neurasthenic women with blighted lives, as the result of a chain of reflexes, could be cured by a slight operation, or a few local treatments. Search diligently for the cause of nerve irritation.—B. E. Dawson, M. D., in the Medical Era.

COMING MEDICAL MEETINGS.

National Meetings

International Congress on Tuberculosis, Washington, D. C., September 21 to October 12.

Mississippi Valley Medical Association, Louisville, Ky., October 13-15, 1908.

Medical Association of the Southwest, Kansas City, Mo., October 20-21, 1908.

State Meetings

Colorado, Denver, October, 1908.
Idaho, Boise, October 8-9, 1908.
Kentucky, Winchester, October.
Minnesota, St. Paul, October.
Nevada, Goldfield, October 6-7